



Department of Health and Human Services
Child and Family Services
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Potential Providers of Section 32 Waiver Services

RE: Proposal to Provide Waiver Service Children's Behavioral Health Services MCBM, Section 32

Attached is the standard CBHS Proposal for Service form. Agencies interested in contracting with CBHS to provide this service would fill out this form and send electronically via email to the district office of CBHS. Please refer to the most current version of Section 32, Chapters II and III for specific information about services and rate information to assist in filling out the form.

This request will be considered upon receipt of this fully completed form and all supporting documentation.

The office will contact the agency regarding the need for any additional information and will issue a contract decision.

There are aspects of the waiver that should be addressed specifically in the applicable sections of the proposal. If there is a proposal to deliver both family home and agency home, please address issues pertaining to each service:

1. Complete description of all aspects of Services to be delivered with reference to Section 32 and how the agency will ensure that appropriate staffing and services, particularly home support and respite services, will be provided at all times (for example, include a detailed description as to how staffing needs will be met in case of staff turnover or absence).
2. Describe how the agency will handle crises involving a client where there is a threat of harm to the client, staff or other individuals.
3. How will the agency address externalizing behaviors that may result in injury to the client or staff.
4. How will the agency address physical health issues that may include such items as feeding tubes and medication administration.
5. Describe fully how families will be involved in the service and what they might be expected to do (include hours per week and details of how you work with families).

6. Staffing and supervision by individual (positions, educational degrees, certifications, licenses, years of experience with the population to be served, daily functions, and any other relevant information).
7. Number of children to be served in family homes/agency homes within geographic areas, preferably by towns or cities.
8. Other information that may assist in considering the request and attach any additional documents.
9. The provider will be expected to report capacity to serve additional children on a weekly basis. Assuming provider capacity, describe how the provider will ensure that services will be in place
 - a) no later than 90 days from the date of a completed Waiver Service Plan for services delivered in the family home, and/or
 - b) no later than 180 days from the date of a completed Waiver Service Plan for services delivered in agency owned home.

Thank you,

Teresa Barrows LCSW
Children's Behavioral Health Program Administrator